



DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES
REGIONAL HUMAN SERVICE CENTERS

CONSUMER SATISFACTION SURVEYS

STATEWIDE ANALYSIS

ADULTS – SMI, ACUTE, & AOD
FAMILY – PARENT/GUARDIAN

*SURVEYS CONDUCTED OCTOBER 2007
COMPILED 2008*

STATE OF NORTH DAKOTA

NORTH DAKOTA DEPARTMENT
OF HUMAN SERVICES
Carol K. Olson
Executive Director

John Hoeven
Governor

DIVISION OF MENTAL HEALTH &
SUBSTANCE ABUSE SERVICES
JoAnne Hoesel
Director

2007 Sample Sizes and Total Surveys Distributed and Received

Region	SMI ADULTS			ACUTE ADULTS			AOD ADULTS		
	85% C.L. Sample	90% C.L. Sample	Actual	85% C.L. Sample	90% C.L. Sample	Actual	85% C.L. Sample	90% C.L. Sample	Actual
1	40	49	35	37	44	29			3
2	44	55	45	46	58	45	34	40	39
3	40	48	41	40	49	45	37	45	41
4	49	62	60	29	34	34	41	50	51
5	50	64	51	19	21	44	45	55	41
6	46	57	44	44	55	46	34	41	32
7	48	61	46	44	55	52	44	54	52
8	42	51	51	39	47	47	30	35	34
Total	359	447	373	298	363	342	265	320	293

Total Adult Surveys		
85% C.L. Sample	90% C.L. Sample	Actual
77	93	67
124	153	129
117	142	127
119	146	145
114	140	136
124	153	122
136	170	150
111	133	132
922	1130	1008

PARENT/GUARDIAN			
Region	85% C.L. Sample	90% C.L. Sample	Actual
1	32	37	16
2	42	51	47
3	39	47	44
4	44	54	46
5	42	52	24
6	39	47	35
7	43	53	29
8	37	44	41
Total	318	385	282

Total by Survey Type			
Survey Type	85% C.L. Total	90% C.L. Total	Actual Total
Adults	922	1130	1008
Parent	318	385	282
Total	1240	1515	1290

Total of All Surveys by Region			
Region	85% Total	90% Total	Actual Total
1	109	130	83
2	166	204	176
3	156	189	171
4	163	200	191
5	156	192	160
6	163	200	157
7	179	223	179
8	148	177	173
	1240	1515	1290

xxx = met 85% C.L.
xxx = met 90% C.L.

The above tables indicate the number of surveys distributed to each Human Service Center to meet either an 85% or 90% confidence level, as well as the actual number of surveys completed and returned for analysis. The yellow numbers in each "Actual" column denote those Centers that met the 85% confidence level, while the pink numbers denote those Centers that met the 90% confidence level for each particular group of clients.

Contacts:

Elizabeth Cunningham
Analyst
Email: ecunningham@nd.gov
Phone: (701) 328-8705

Michaela Schirado
Assistant
Email: mlschirado@nd.gov
Phone: (701) 328-8940

*THIS INFORMATION MAY BE ACCESSED IN AN ALTERNATE FORMAT, IF REQUIRED.
PLEASE CONTACT THE PERSONS LISTED ABOVE FOR MORE INFORMATION.*

ACKNOWLEDGEMENTS

A note of sincere appreciation to the staff members of the eight Regional Human Service Centers for their cooperation in administering, collecting, and returning these surveys. Also, for their patience as the reports were being compiled.

Thank you to everyone who contributed their input to the design of this year's surveys, including:

- Lauren Sauer, DMHSAS
- Kris Storbeck, DMHSAS
- Sharon Freeman, ITD
- Mariah Tenamoc, DHS Decision Support Services
- Members of the Mental Health Planning Council
- Directors and Representatives of the Regional Human Service Centers

Also, a special thank you to Michaela Schirado of the Decision Support Services Team for her hard work in preparing the surveys for distribution and compilation upon their return, among countless other efforts.

TABLE OF CONTENTS

Introduction	3
Data Collection & Evaluation	3
Results of Analysis	
Adult Responses.....	4
Family Responses.....	23
Appendix.....	33

CONSUMER SATISFACTION SURVEYS

STATEWIDE ANALYSIS

INTRODUCTION

This report is the result of a statewide effort by the North Dakota Department of Human Services to measure the satisfaction levels of consumers at the eight Regional Human Service Centers (HSC's). Such information can be used in continual efforts to improve service delivery.

Consumer Satisfaction Surveys were distributed by all of the HSC's during the month of October 2007 to four different groups of clients: Adults with SMI, Adults receiving Acute services, Adults receiving AOD services, and Families (Parents/Guardians) of youth receiving services. Consumer surveys are done to gain the consumer perspective on service delivery, service satisfaction, treatment planning involvement, access to services, and client perception of the effect of services.

The following report reflects the outcomes of the 2007 survey.

DATA COLLECTION & EVALUATION

The Consumer Satisfaction Surveys consisted of two different surveys: the Adult Satisfaction Survey and the Youth Services Survey for Families to be completed by the parent or guardian of a youth receiving services at the HSC.

The Adult survey was administered to three different groups of adults, depending on the primary type of services they were receiving at the HSC – Serious Mental Illness (SMI), Acute, and Alcohol & Other Drug (AOD). The survey for all three groups was the same, but each group was identified by a different colored survey. SMI surveys were yellow, Acute surveys were white, and AOD surveys were pink.

Through discussion with the HSC's, it was determined that the target number of surveys to be collected from each of the four groups should remain the same from the previous year (2006). The intent was to collect enough surveys to meet an 85% confidence level (for analysis purposes), with an overall goal of meeting a 90% confidence level. These numbers were calculated and each Center was given enough surveys to meet the 90% confidence level.

These surveys were delivered to each HSC in September 2007.

The HSC's administered the surveys during October 1-31, 2007, and returned the completed surveys to the State Office at the end of that time period. The surveys were then numbered and scanned into a software program for analysis. The following sections reflect the results of that analysis, first looking at the Adult responses, followed by the responses to the Family survey.

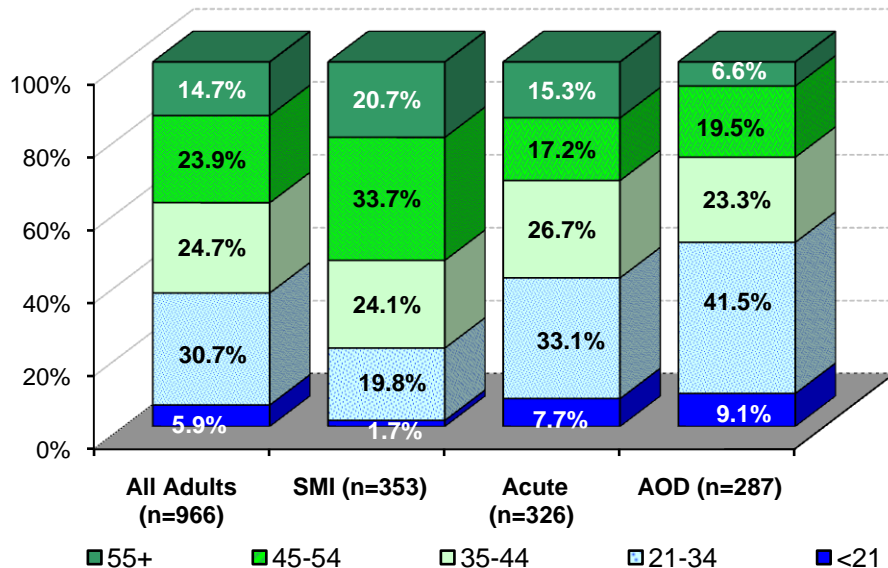
RESULTS OF ANALYSIS – ADULT RESPONSES

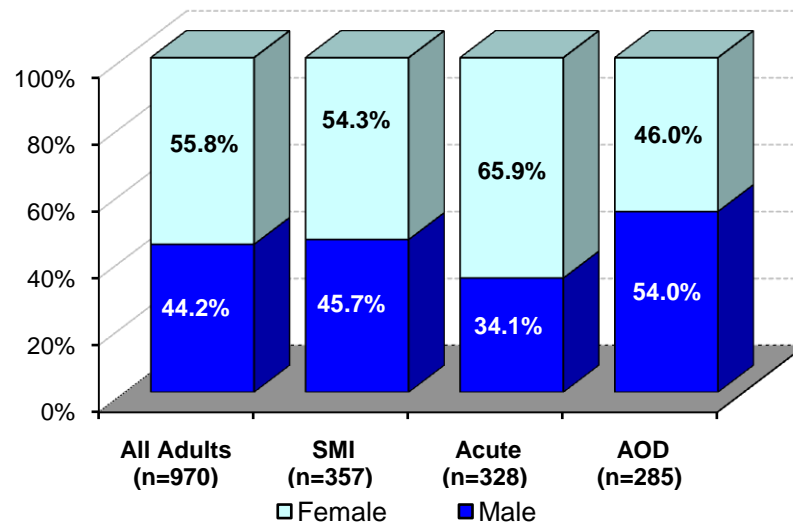
The total number of adult consumers who responded to surveys was 1008. Adults with SMI accounted for 373 of those, 342 were receiving Acute services, and 293 were receiving AOD services. The distribution of respondents by region and type of survey is shown below.

HSC	ADULTS			TOTAL
	SMI	ACUTE	AOD	
Northwest (NWHSC)	35	29	3	67
North Central (NCHSC)	45	45	39	129
Lake Region (LRHSC)	41	45	41	127
Northeast (NEHSC)	60	34	51	145
Southeast (SEHSC)	51	44	41	136
South Central (SCHSC)	44	46	32	122
West Central (WCHSC)	46	52	52	150
Badlands (BLHSC)	51	47	34	132
Total	373	342	293	1008

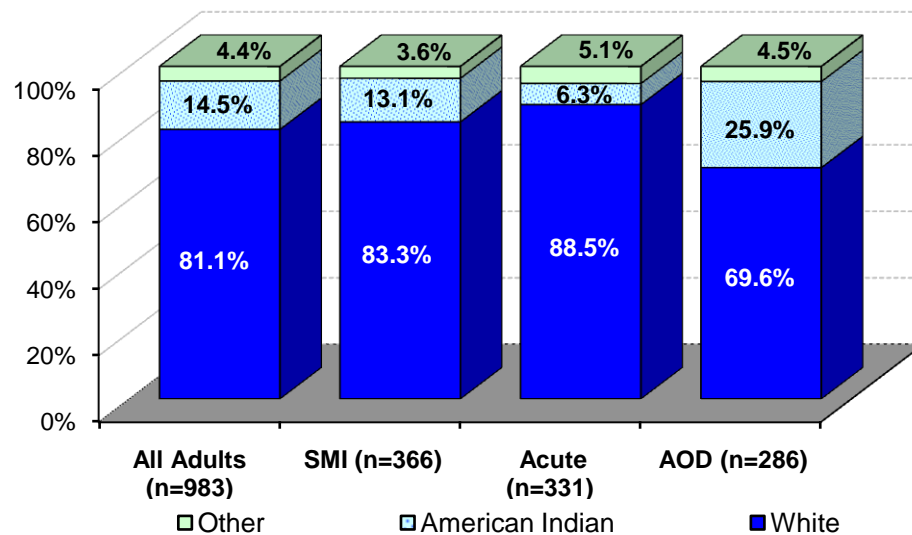
The following graphs give an overview of the consumers who responded to the survey. Each one shows All Adults combined by category in the first column, followed by each of the three identified groups of adult consumers. The total number of respondents for each survey group is included in parentheses after the column title.

Age of Respondents by Survey Type



Gender of Respondents by Survey Type

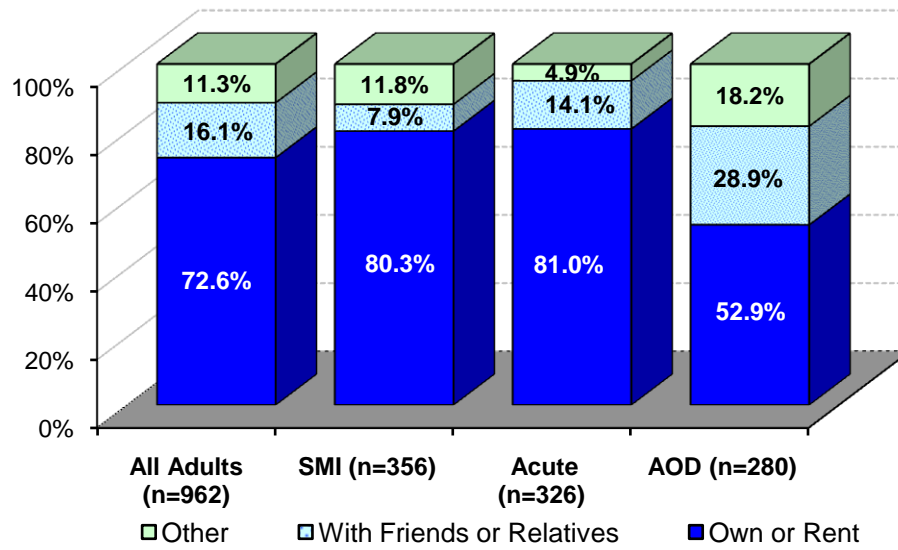
Females account for a higher percentage than males in all groups, except Adults receiving AOD services. There, men make up 54% of total respondents.

Race of Respondents by Survey Type

The percentage of respondents who selected American Indian as their race includes 13 who reported being both White and American Indian. The Other category includes 13 respondents who reported being African American.

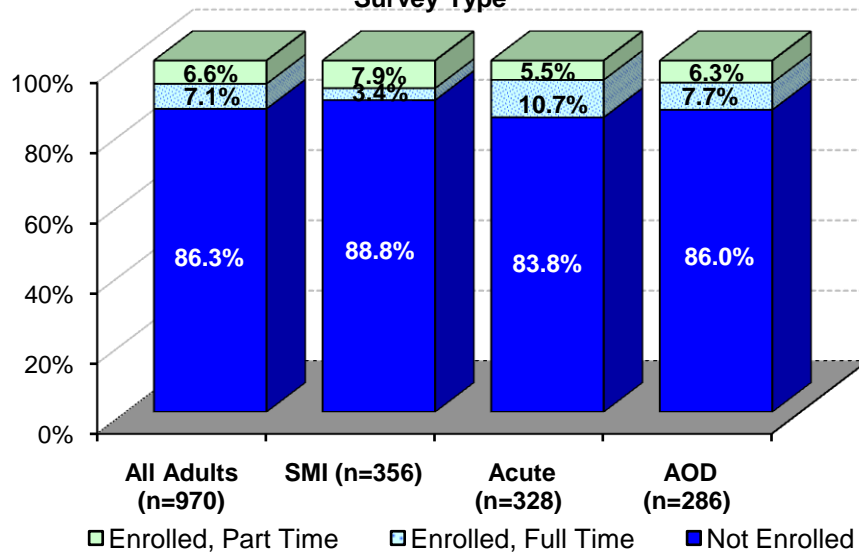
Of 963 respondents, 32 (3.3%) reported being of Hispanic origin, including 8 Adults with SMI, 11 receiving Acute services, and 13 receiving AOD services.

Where Respondents Live Most Often by Survey Type

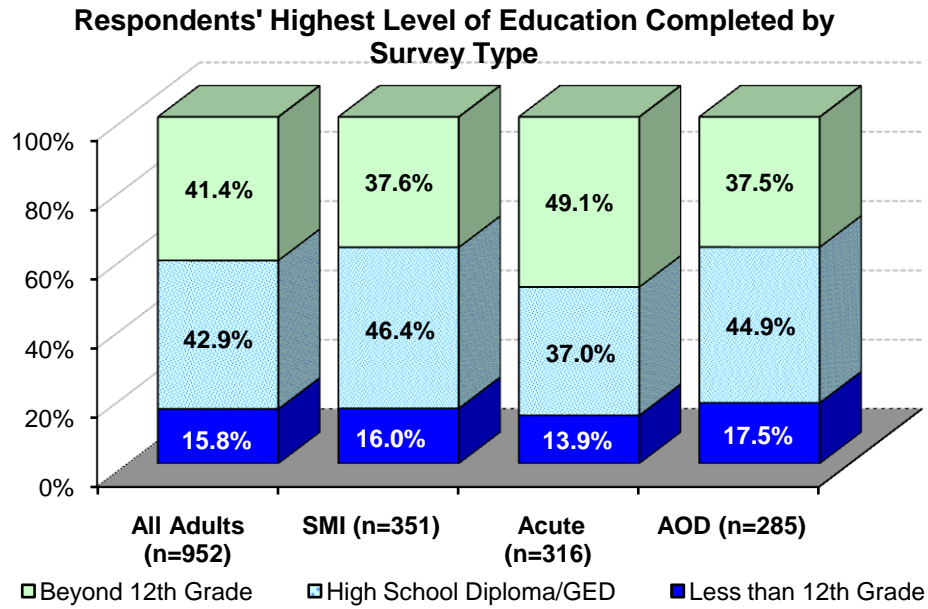


Examples of responses in the Other category include transitional living, shelters, with a significant other, or a treatment facility.

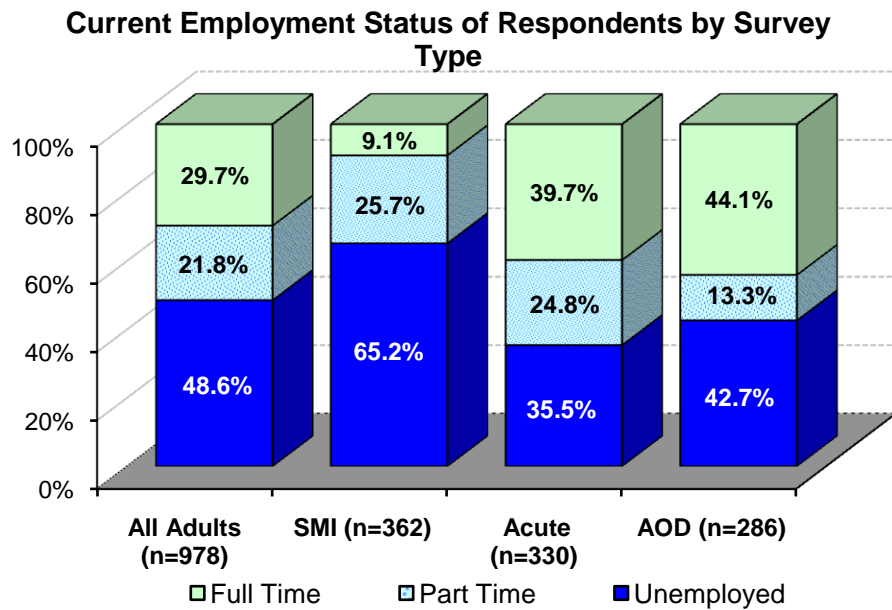
Respondents Enrolled in School or Job Training Program by Survey Type



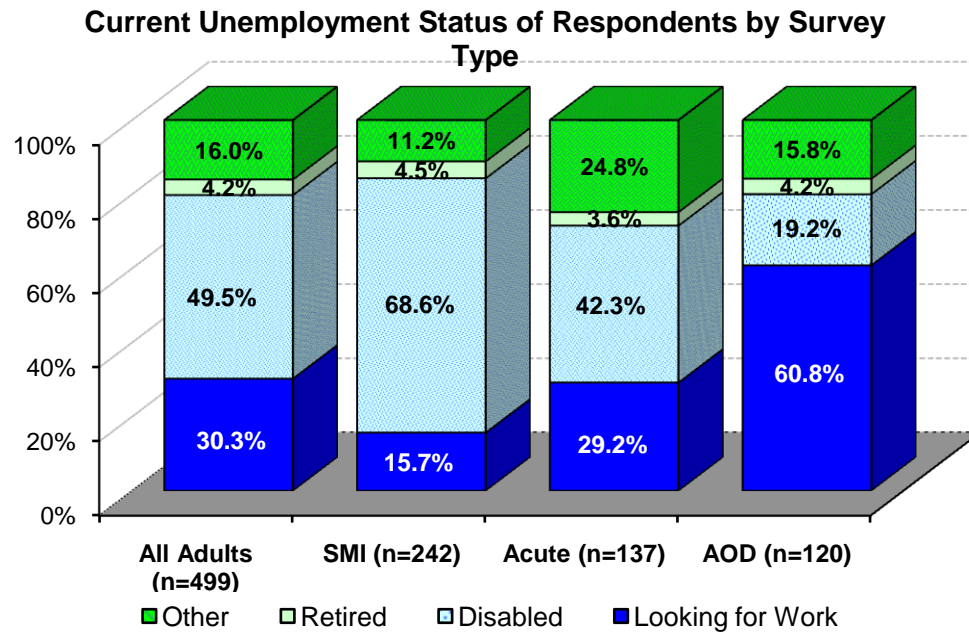
The majority of respondents in all survey types are not currently enrolled in any school or job training program.



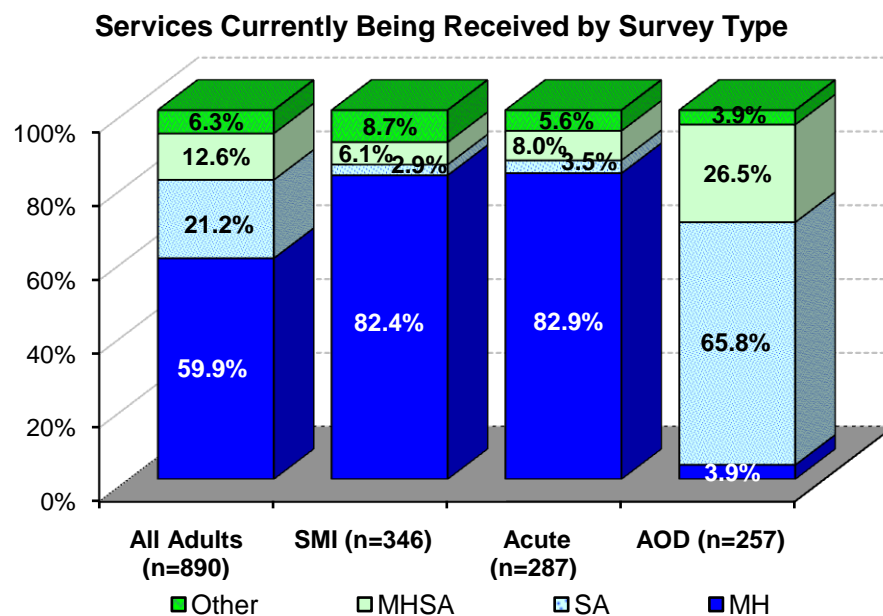
The majority of respondents in all survey types had either a high school diploma, GED, or higher than 12th grade education level.



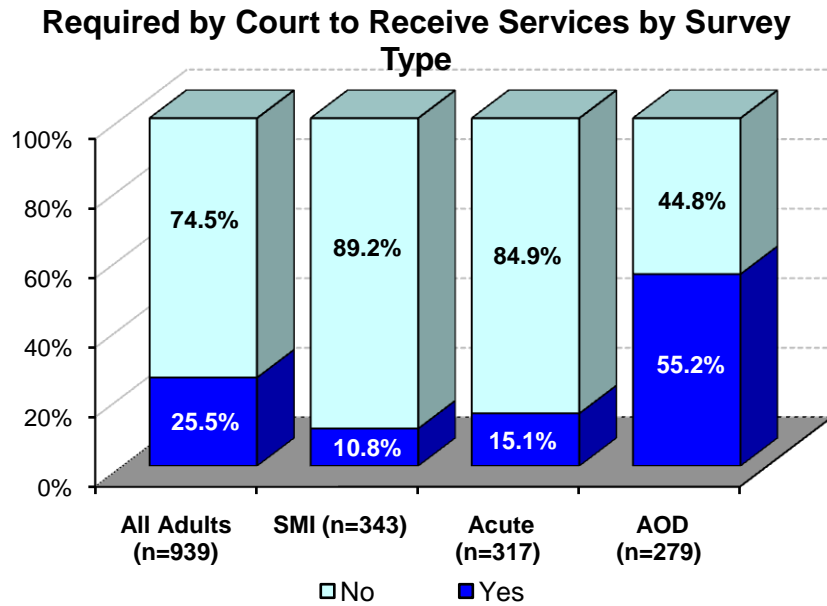
Adults with SMI reported fewer instances of full-time employment, and more instances of unemployment, by a distinct margin.



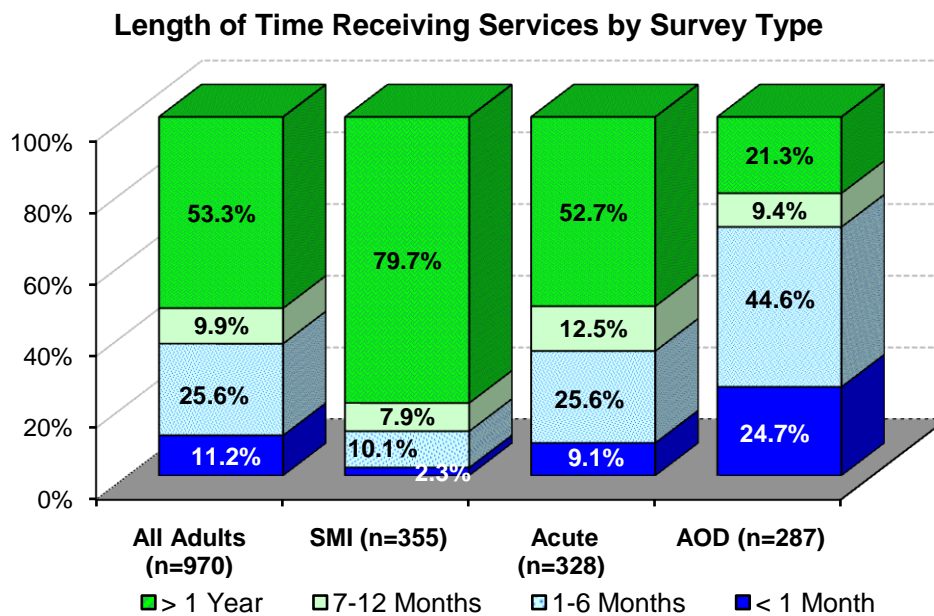
Examples of responses in the Other category include those who reported being a stay-at-home parent, going to school, or being unable to work for reasons other than those listed above.



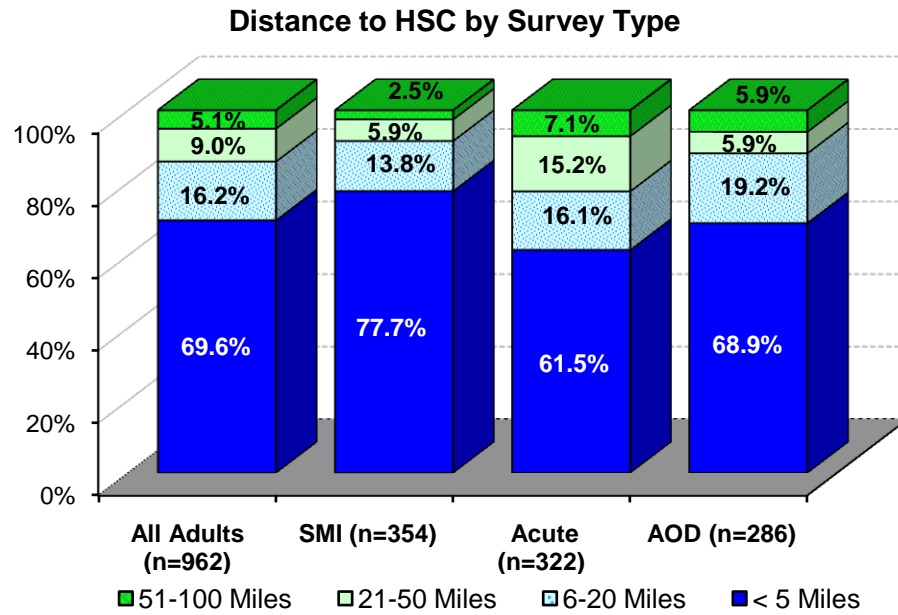
The Other category includes 2 respondents who reported receiving both Substance Abuse (SA) and Developmental Disabilities (DD) services, 24 who reported receiving both Mental Health (MH) and DD services, 14 who reported receiving only DD services, and 16 who reported receiving all three services.



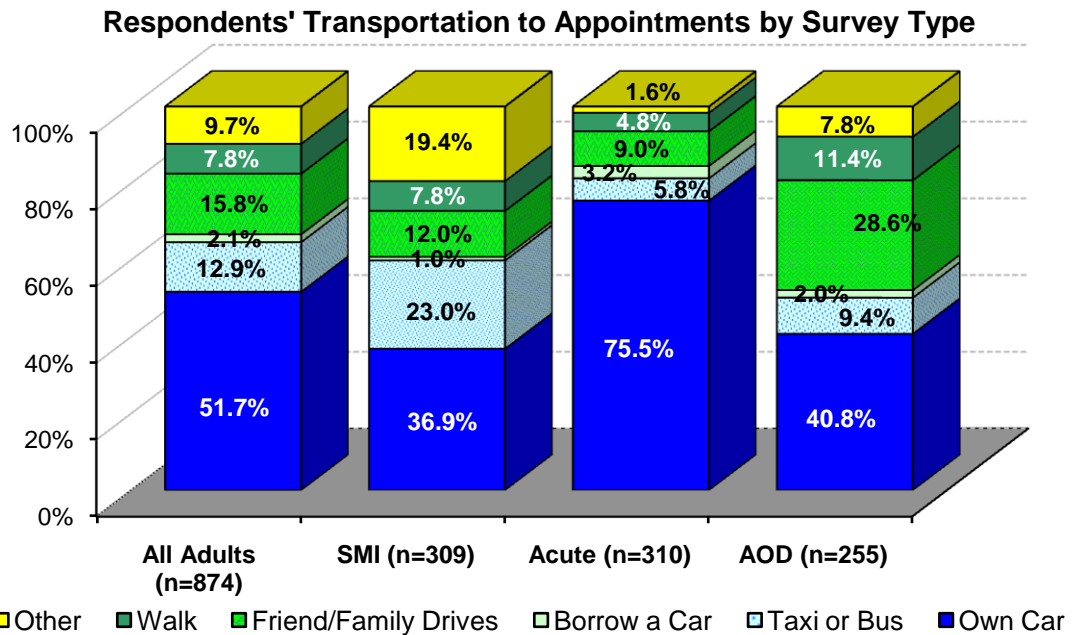
The highest percentage of respondents who were required by the court system to receive services was reported by clients receiving AOD services (55.2%).



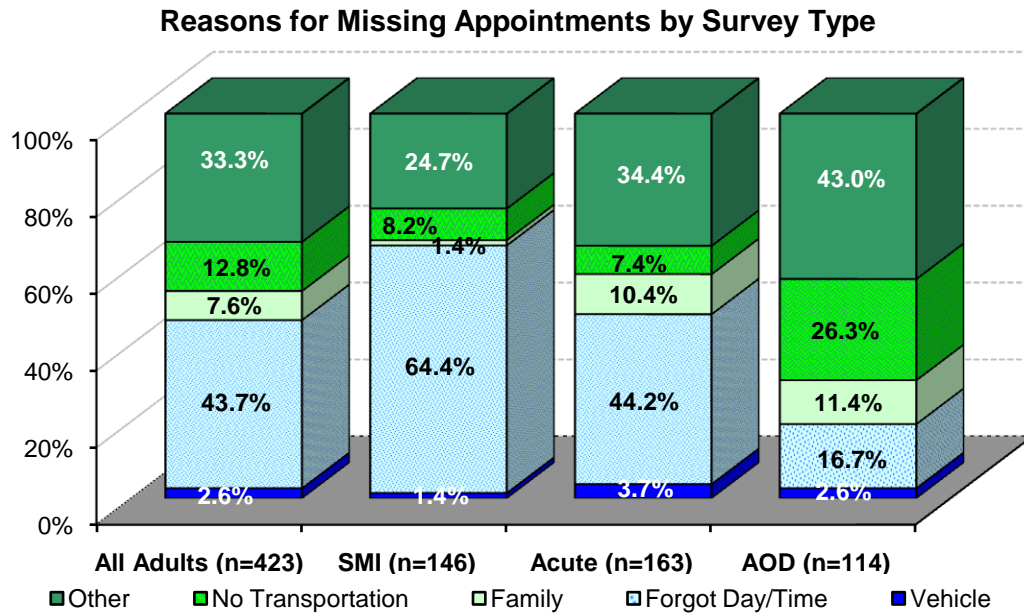
The length of time for those who indicated that they had been receiving services for over a year ranged from 13 months to 32 years. The average length of time was 90.9 months (7.6 years).



Nine respondents reported traveling over 100 miles in order to receive services.

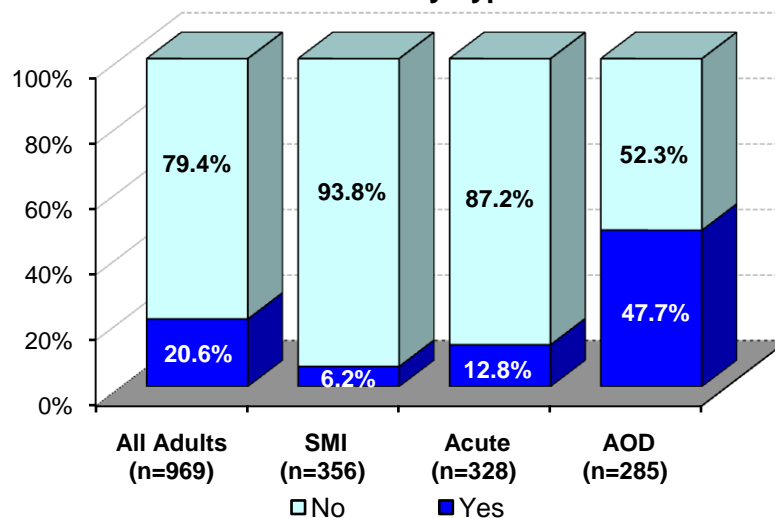


Responses in the Other category indicated receiving rides from staff, or other provided modes of transportation, and the case worker coming to the client's home.



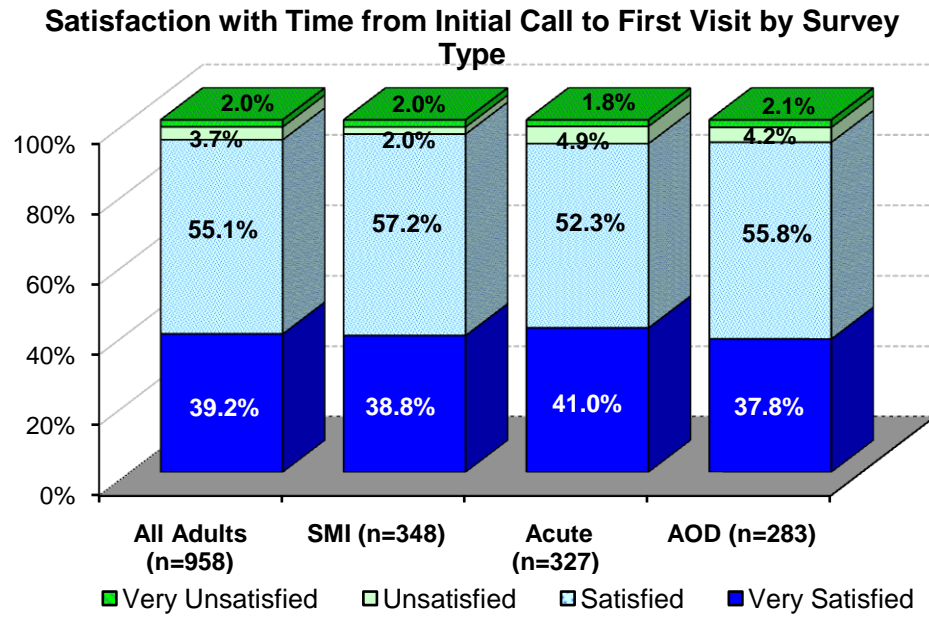
The Vehicle category includes consumers who indicated car trouble or no money for gas as a reason for missing appointments. The Family category includes childcare problems and family emergencies.

Arrested & Spent At Least 1 Day in Jail in Past 12 Months by Survey Type



Of 969 respondents, a total of 200 (20.6%) reported being arrested *and spending at least one day in jail in the 12 months* prior to completing the survey.

Of 949 respondents, a total of 47 (5.0%) reported being arrested *at least once in the 30 days* prior to completing the survey; 7 of whom were Adults with SMI, 14 were receiving Acute services, and 26 were receiving AOD services.



The overall satisfaction rate of respondents from the time of their initial call to the HSC until their first visit was 94.3% for All Adults, 96% for Adults with SMI, 93.3% for adults receiving Acute services, and 93.6% for adults receiving AOD services.

CONSUMER SERVICE SATISFACTION

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Adult survey. The number of responses to each statement is given in the column heading of that statement on the graph.

SATISFACTION

Q1 – Overall, I am satisfied with the services I have received.

Q2 – If I had other choices, I would still get services from this agency.

Q3 – I would recommend this agency to a friend or family member.

ACCESS

Q4 – The location of services is convenient.

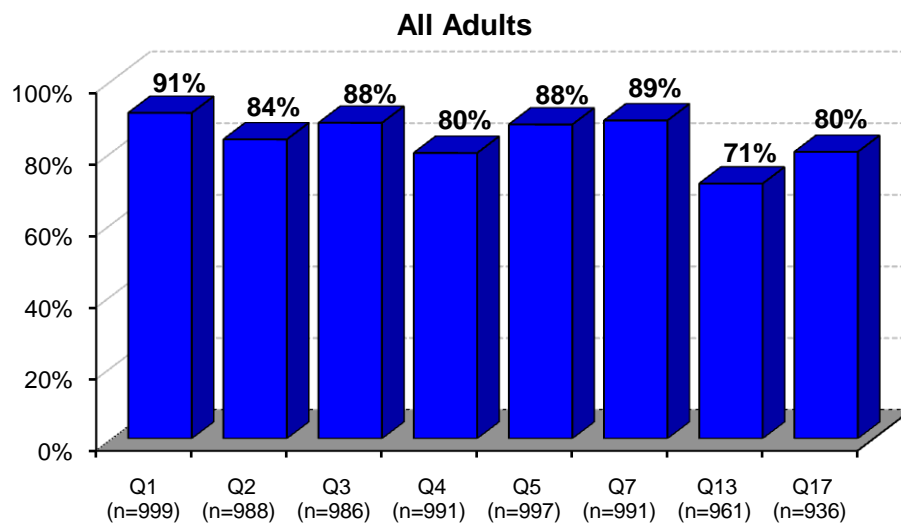
Q5 – Staff and services were available at times that were good for me.

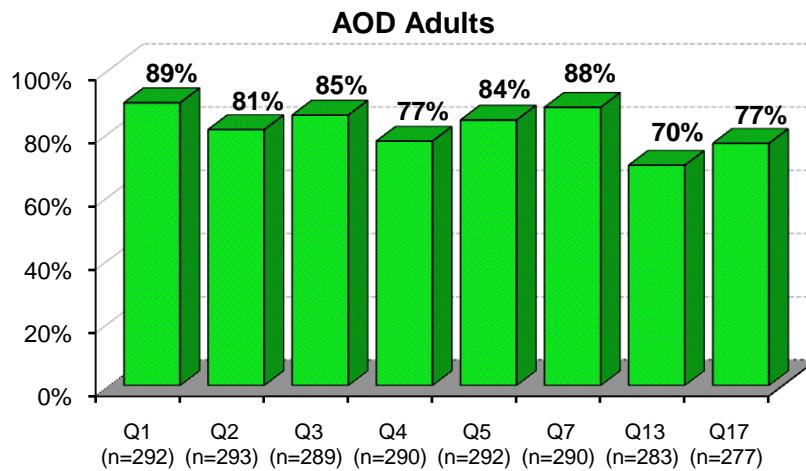
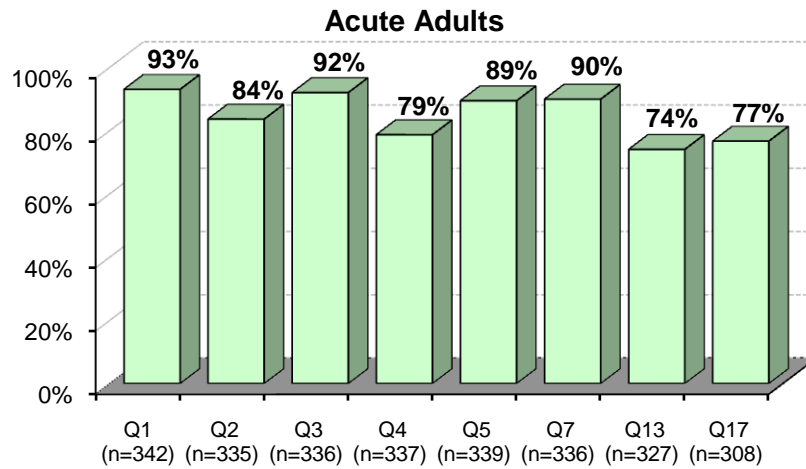
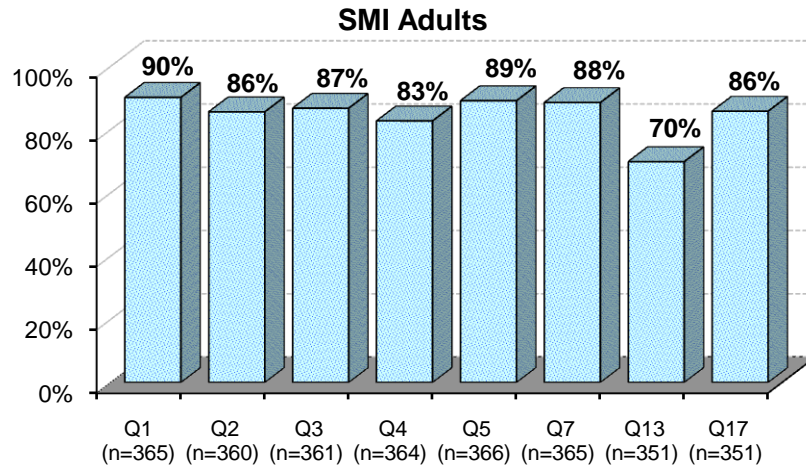
TREATMENT PARTICIPATION

Q7 – I felt comfortable asking questions about my treatment and medications.

Q13 – I, not staff, decided my treatment goals.

Q17 – Staff were helpful in assisting me to identify and find other treatment or support services I needed (e.g. medical, family, or employment services).

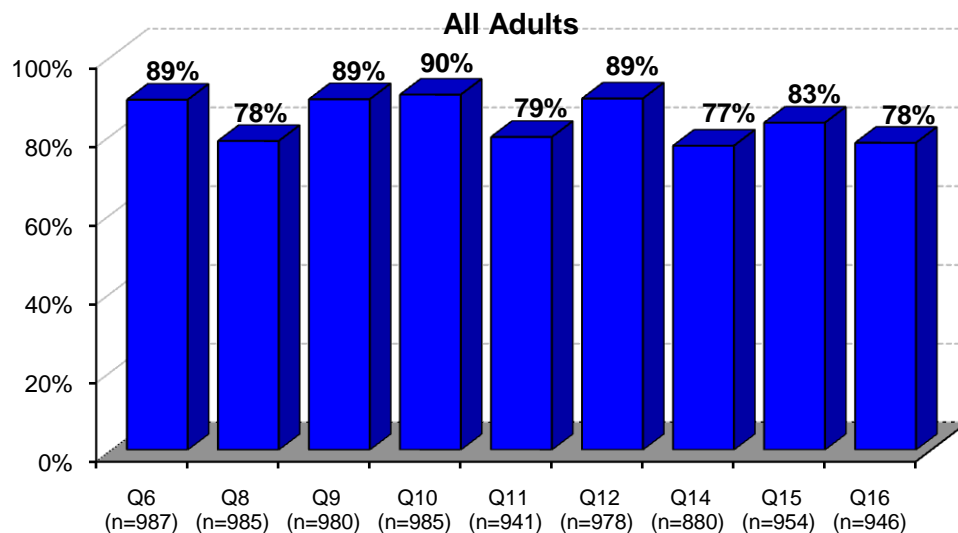


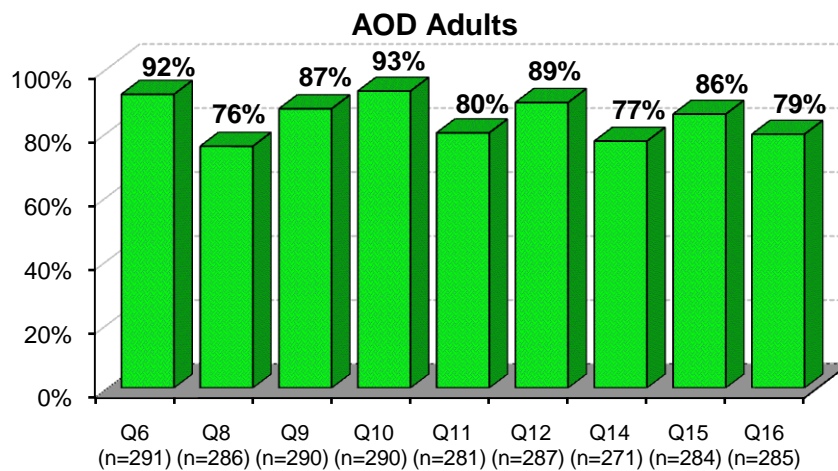
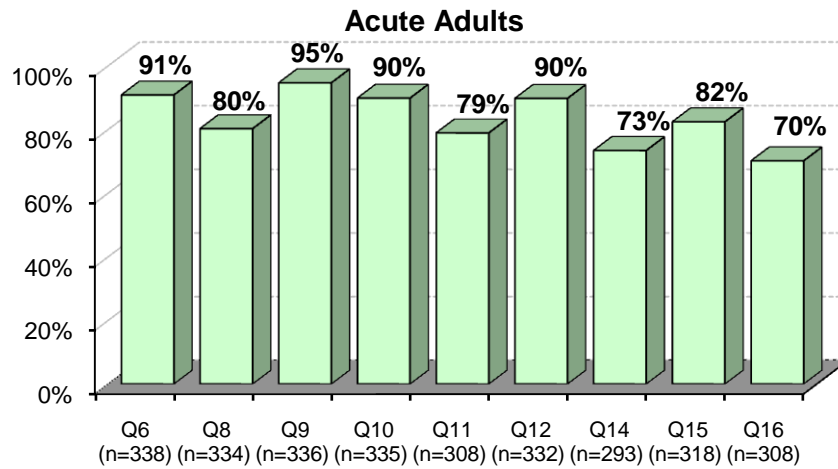
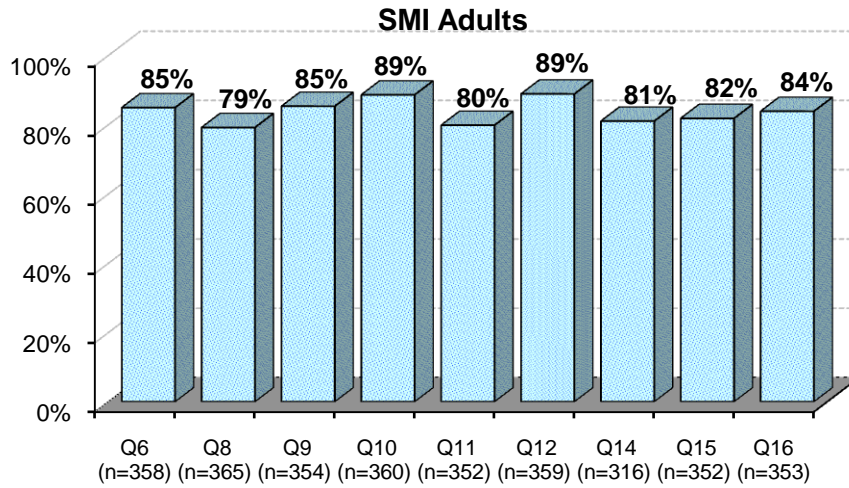


QUALITY AND APPROPRIATENESS

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Adult survey. The number of responses to each statement is given in the column heading of that statement on the graph.

- Q6 – Staff here believe I can grow, change, and recover.
 Q8 – I felt free to complain.
 Q9 – I was given information about my rights.
 Q10 – Staff encouraged me to take responsibility for how I live my life.
 Q11 – Staff told me what side effects to watch out for.
 Q12 – Staff respected my wishes about who is, and who is not, to be given information about my treatment.
 Q14 – Staff were sensitive to my cultural background.
 Q15 – Staff helped me obtain the information I needed so that I could take charge of managing my illness.
 Q16 – I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).





SOCIAL CONNECTEDNESS

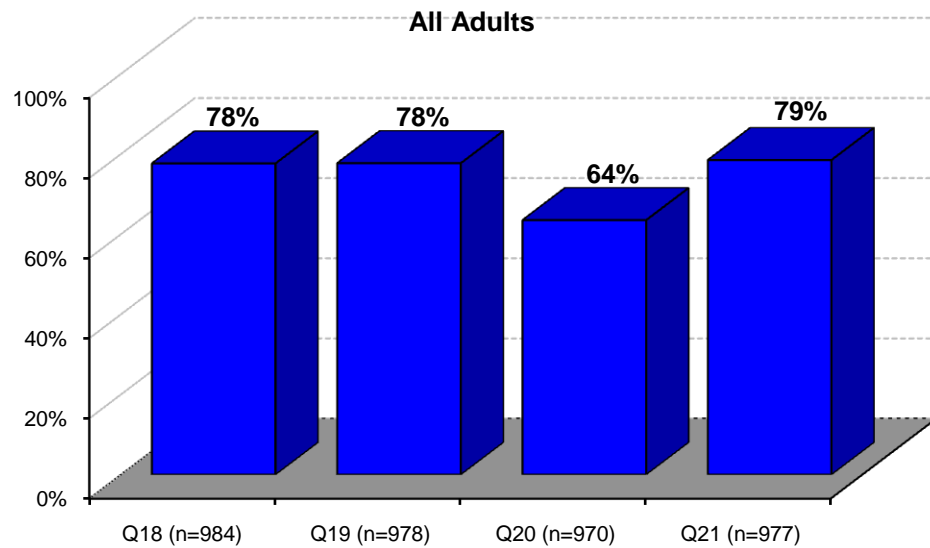
The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Adult survey. The number of responses to each statement is given in the column heading of that statement on the graph.

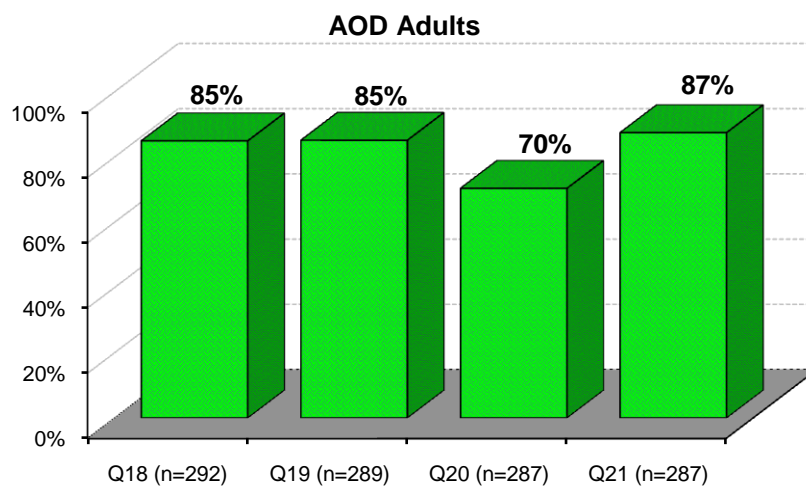
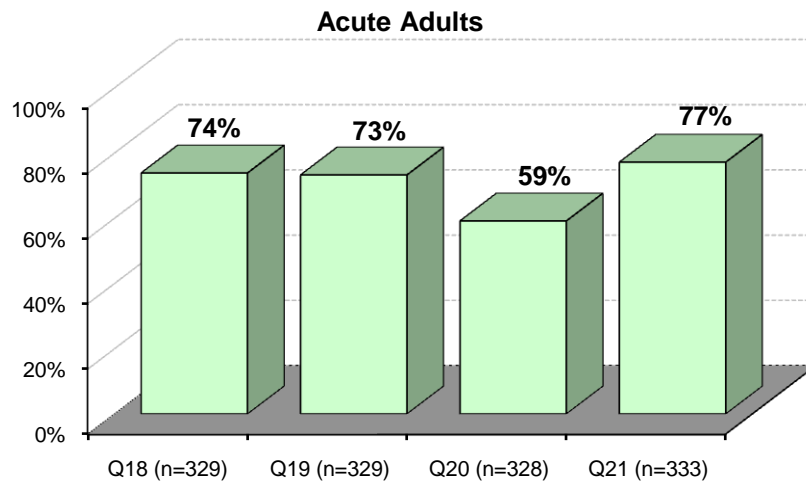
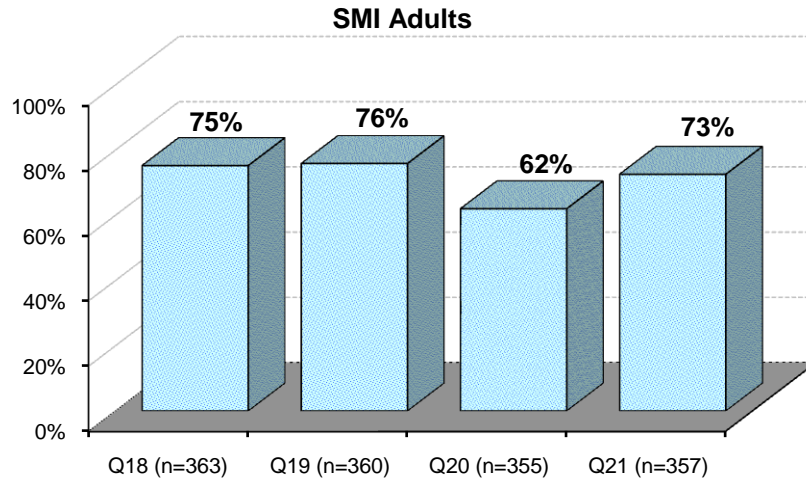
Q18 – I am happy with the friendships I have.

Q19 – I have people with whom I can do enjoyable things.

Q20 – I feel I belong in my community.

Q21 – In a crisis, I would have the support I need from family or friends.

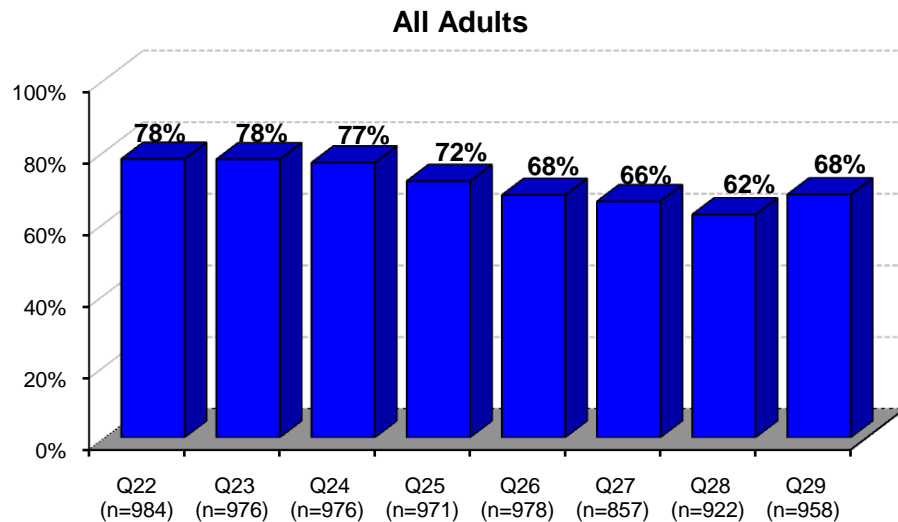


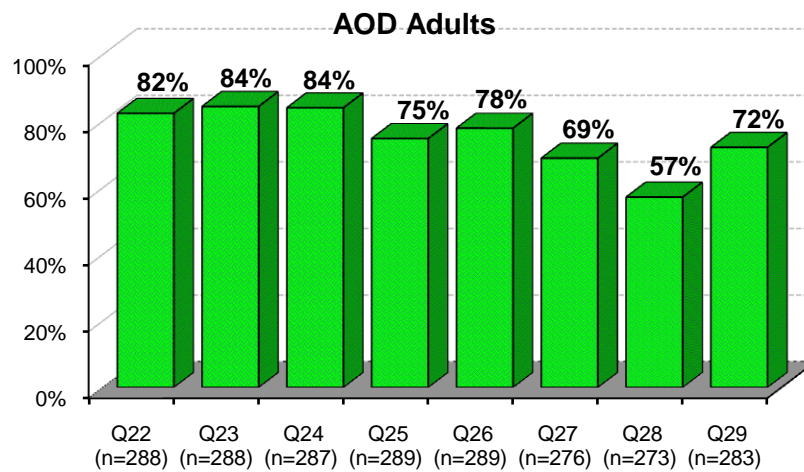
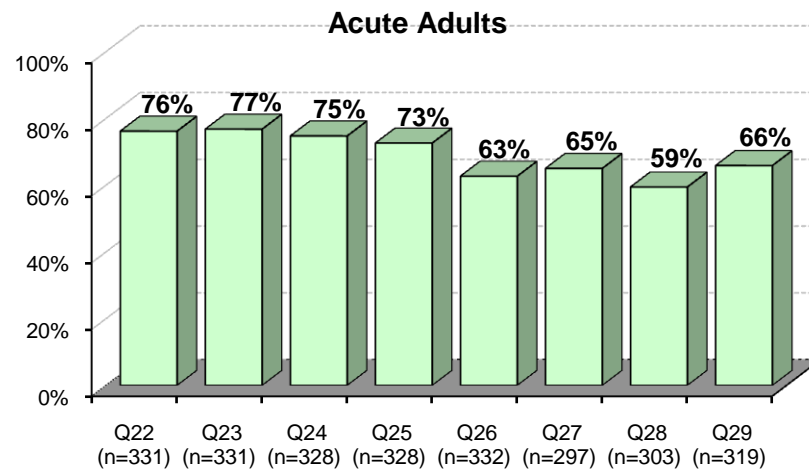
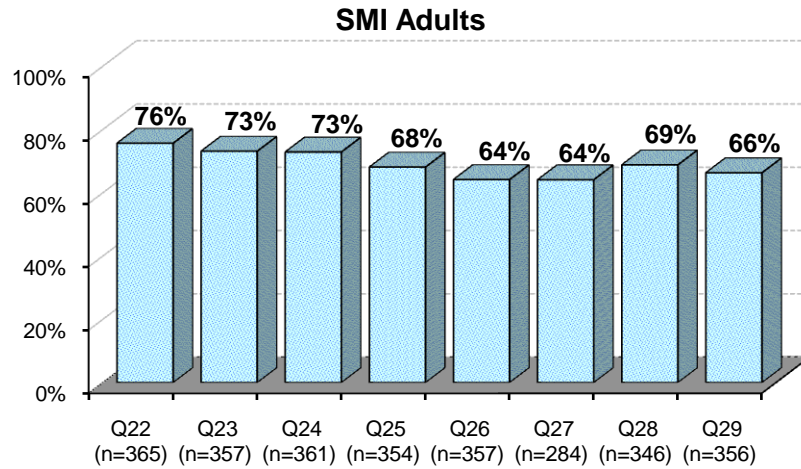


OUTCOMES

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Adult survey. The number of responses to each statement is given in the column heading of that statement on the graph.

- Q22 – I deal more effectively with daily problems.
 Q23 – I am better able to control my life.
 Q24 – I am better able to deal with crisis.
 Q25 – I am getting along better with my family.
 Q26 – I do better in social situations.
 Q27 – I do better in school and/or work.
 Q28 – My housing situation has improved.
 Q29 – My symptoms are not bothering me as much.

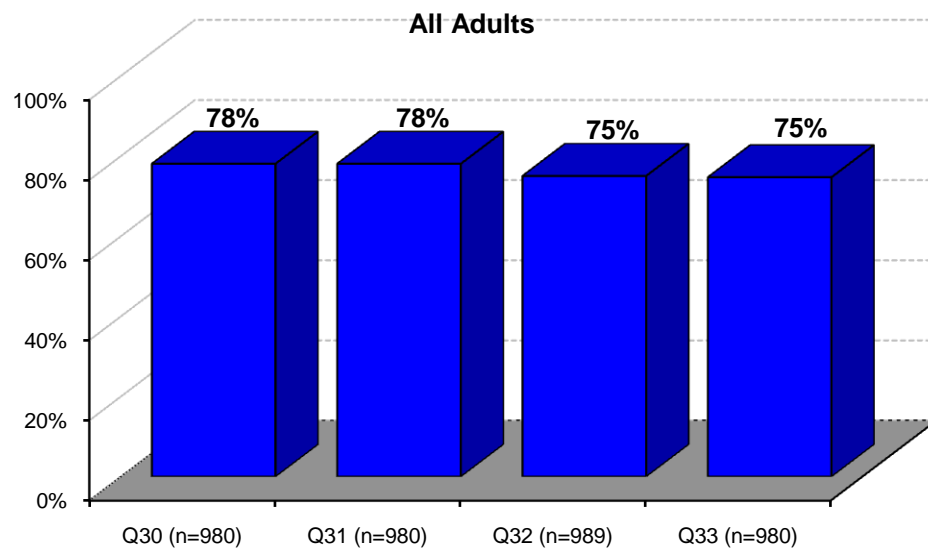


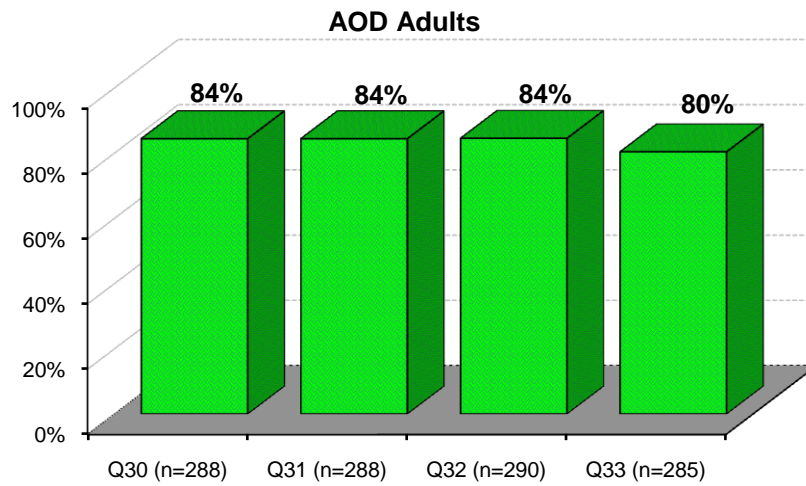
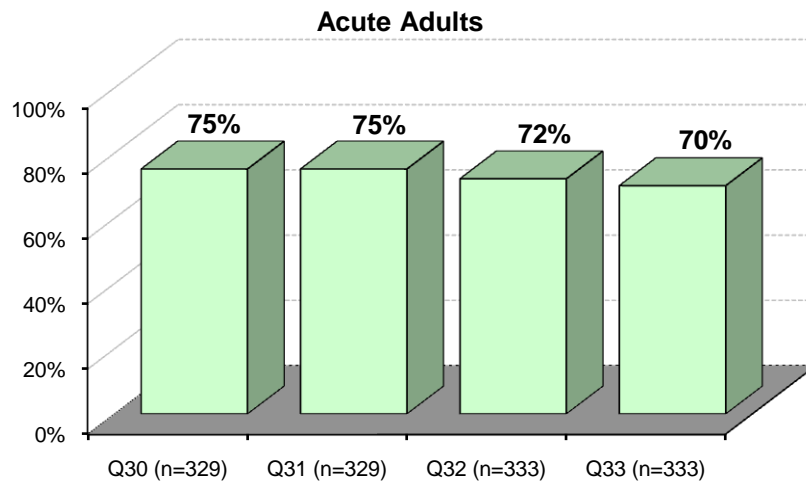
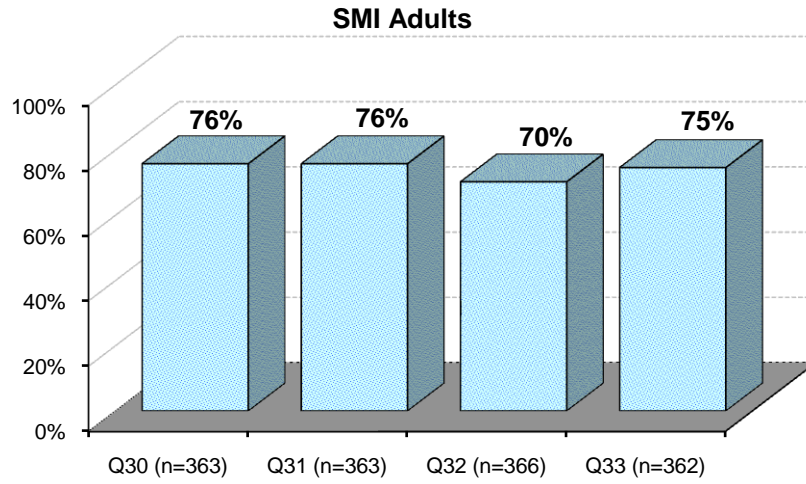


IMPROVED FUNCTIONING

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Adult survey. The number of responses to each statement is given in the column heading of that statement on the graph.

- Q30 – I do things that are more meaningful to me.
Q31 – I am better able to take care of my needs.
Q32 – I am better able to handle things when they go wrong.
Q33 – I am better able to do things that I want to do.





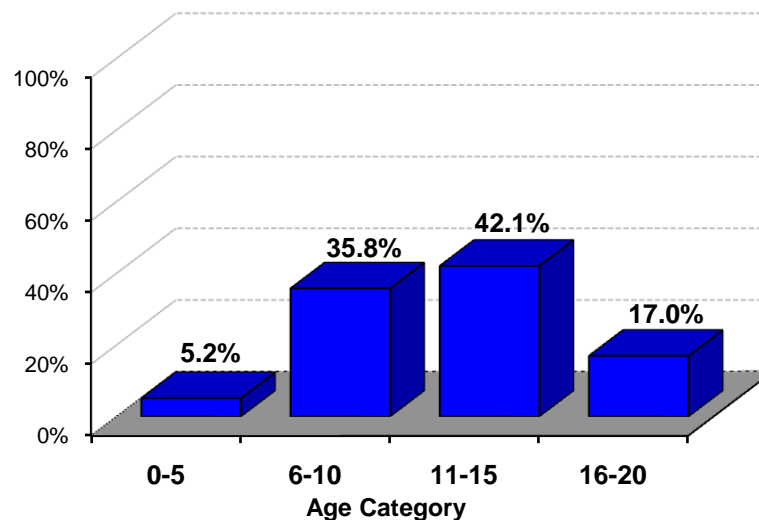
RESULTS OF ANALYSIS – FAMILY RESPONSES

The total number of consumers who responded to the Youth Services Survey for Families was 282. The distribution of respondents by region is shown below.

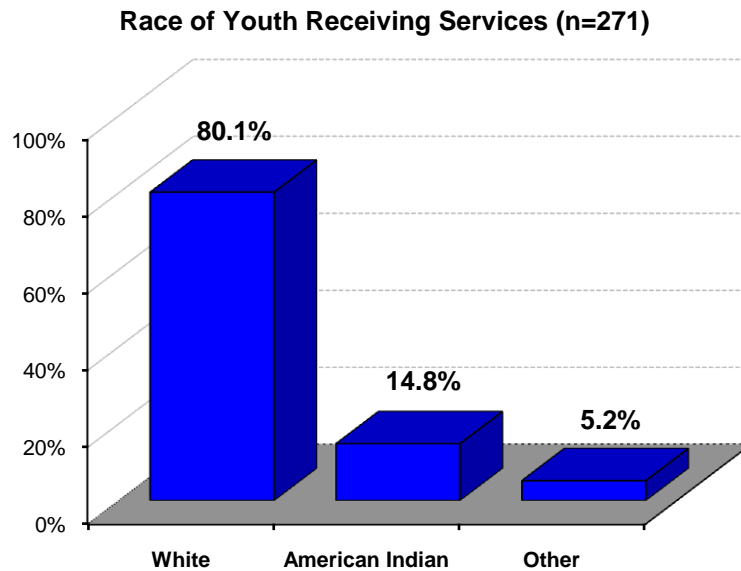
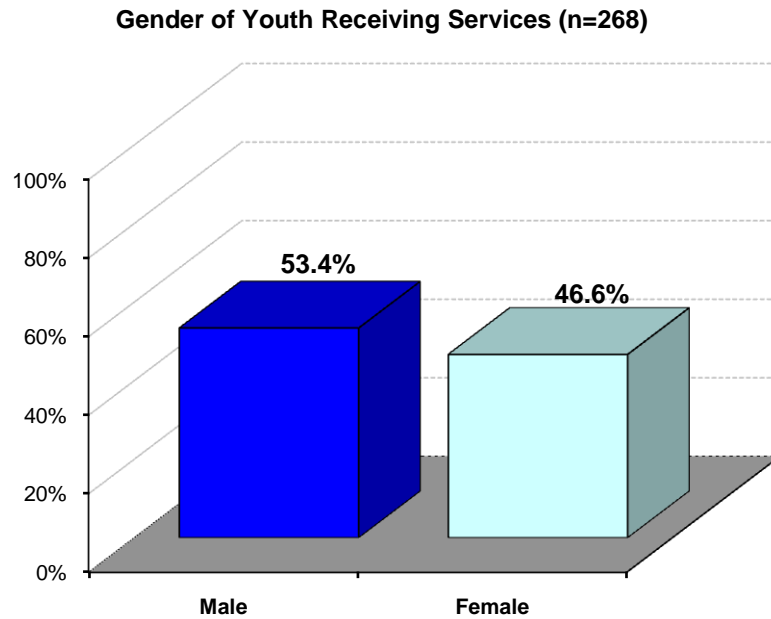
HSC	TOTAL
Northwest (NWHSC)	16
North Central (NCHSC)	47
Lake Region (LRHSC)	44
Northeast (NEHSC)	46
Southeast (SEHSC)	24
South Central (SCHSC)	35
West Central (WCHSC)	29
Badlands (BLHSC)	41
Total	282

The following graphs give an overview of the responses provided by the parent or guardian of a youth receiving services at the HSC. The respondent was asked to complete the survey in regards to the services their child had received over the last year. The total number of respondents to each item is included in the graph title.

Age of Youth Receiving Services (n=271)

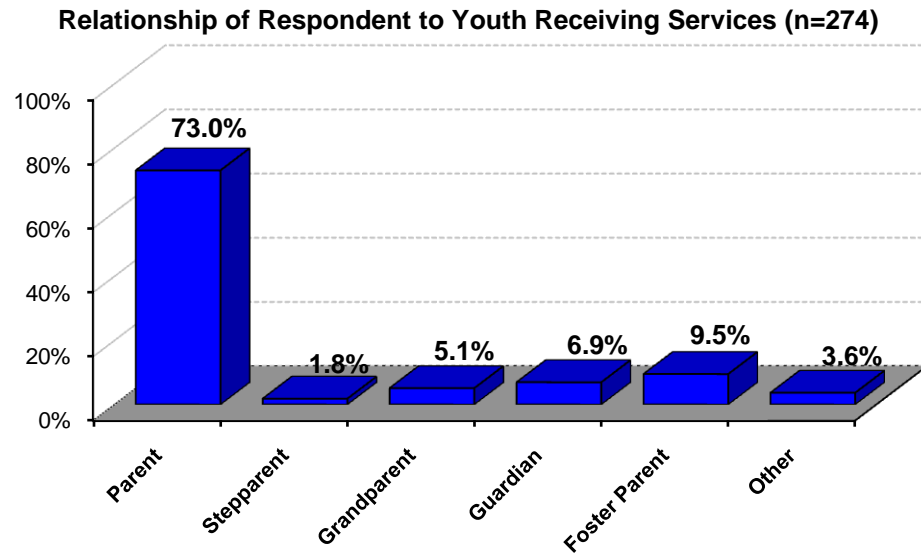


Three respondents indicated that the youth receiving services was age 18 or older.

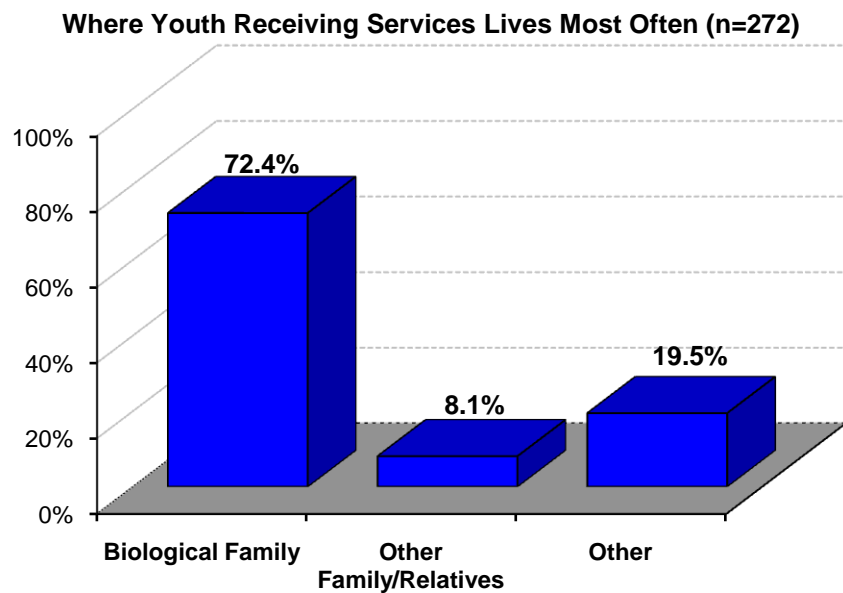


The percentage of respondents who selected American Indian as the youth's race includes 6 who reported being both White and American Indian. The Other category includes 8 respondents who reported the youth as being African American.

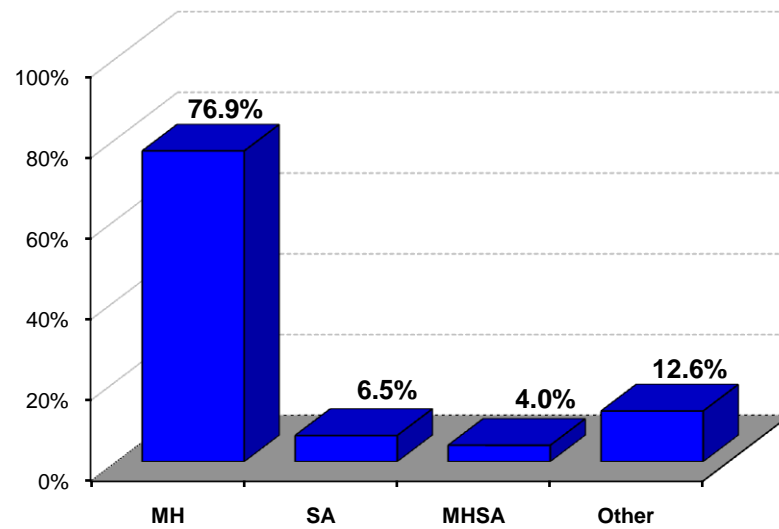
Of 270 respondents, 13 (4.8%) reported the youth as being of Hispanic origin.



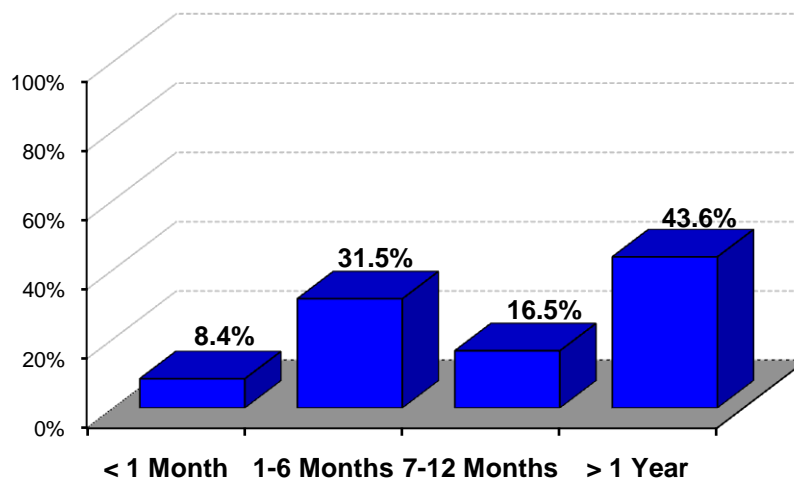
Parents made up the vast majority of respondents (73.0%), compared with any other category describing the respondent's relationship to the youth receiving services.



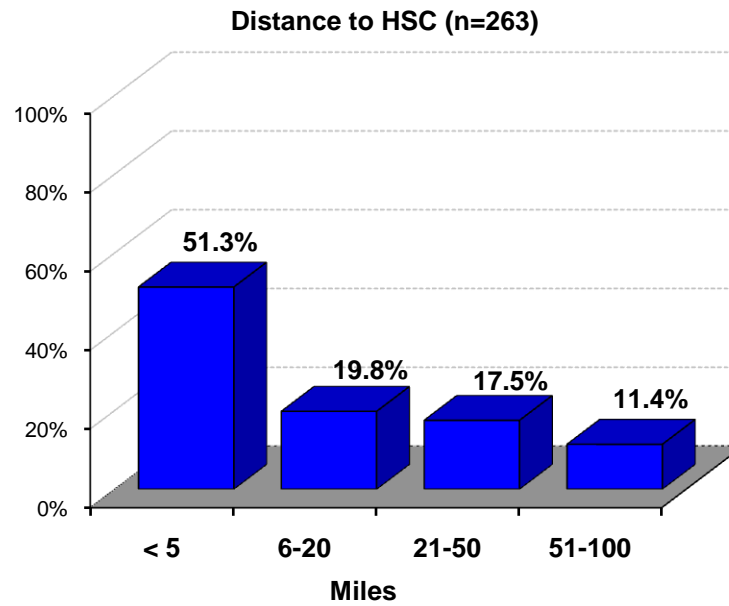
Responses in the Other category include foster care, adoptive families, legal guardians, and with one parent and a stepparent or that parent's significant other.

Services Currently Being Received by Youth (n=247)

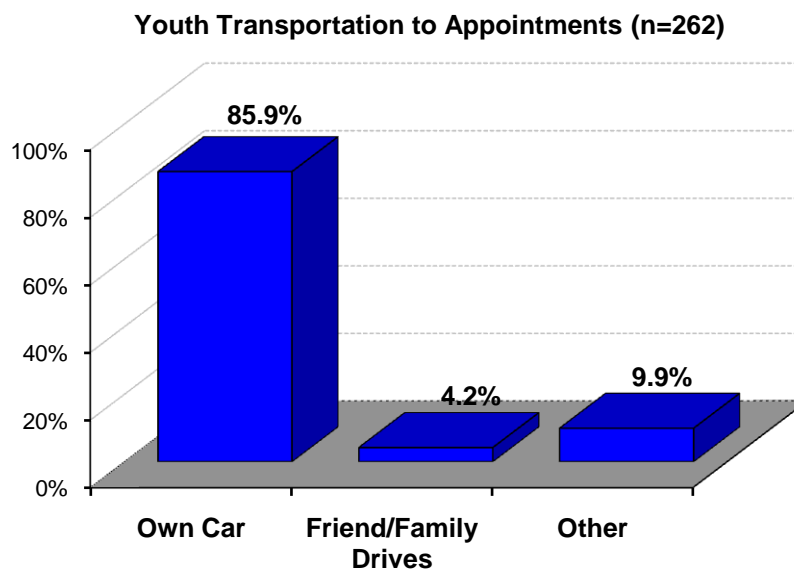
The Other category includes 14 respondents who reported youth as receiving both Mental Health (MH) and DD services, 14 who reported youth as receiving only DD services, and 3 who reported youth as receiving all three types of services.

Length of Time Receiving Services (n=273)

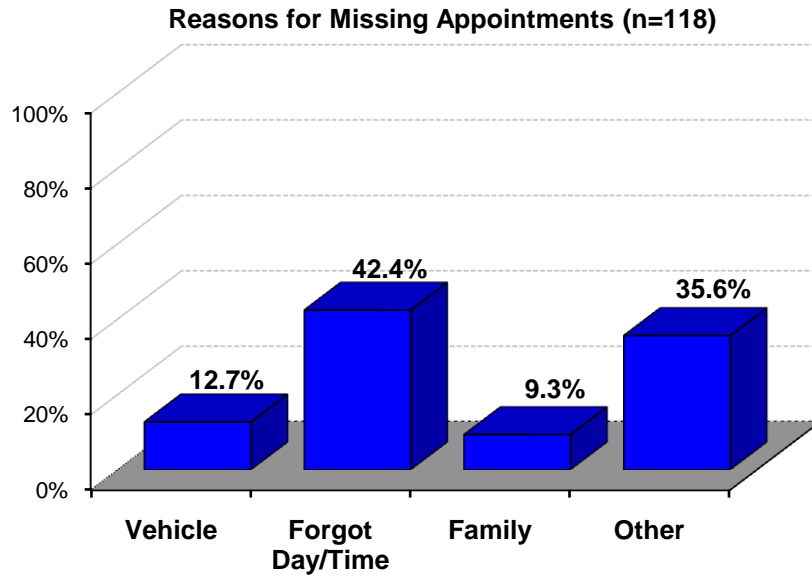
The length of time for those who indicated that the youth had been receiving services for over a year ranged from 13 months to 15 years. The average length of time was 37.1 months (3.1 years).



Eight respondents reported traveling over 100 miles in order for the youth to receive services.

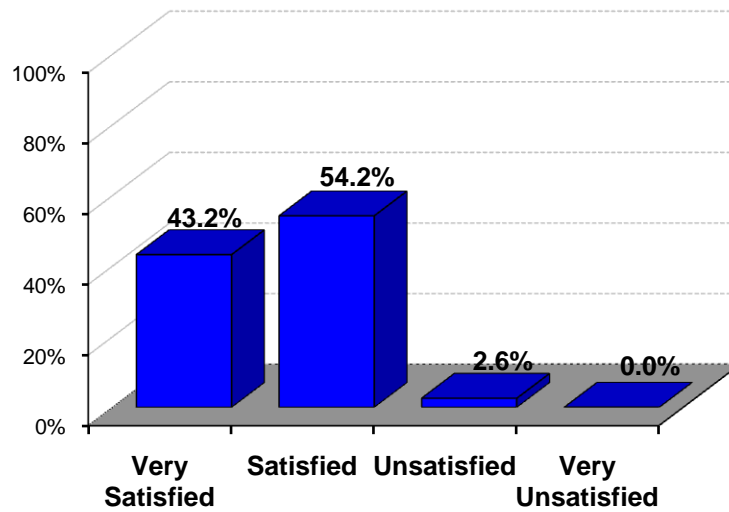


The parent or guardian used their own car to transport the youth receiving services to his or her appointments according to 85.9% of respondents.



The Vehicle category includes consumers who indicated car trouble or no money for gas as a reason for missing appointments. The Family category includes child care problems and family emergencies. Three respondents indicated No Transportation as a reason for missing appointments.

Satisfaction with Time from Initial Call to First Visit (n=273)



The overall satisfaction rate of respondents from the time of their initial call to the HSC until their first visit was 97.4%.

CONSUMER SERVICE SATISFACTION

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Family survey. The number of responses to each statement is given in the column heading of that statement on the graph.

SATISFACTION

Q1 – Overall, I am satisfied with the services this child received.

Q4 – The people helping this child stuck with us no matter what.

ACCESS

Q8 – The location of services was convenient for us.

Q9 – Staff and services were available at times that were good for us.

Q10 – My family got the help we wanted for this child.

Q11 – My family got as much help as we needed for this child.

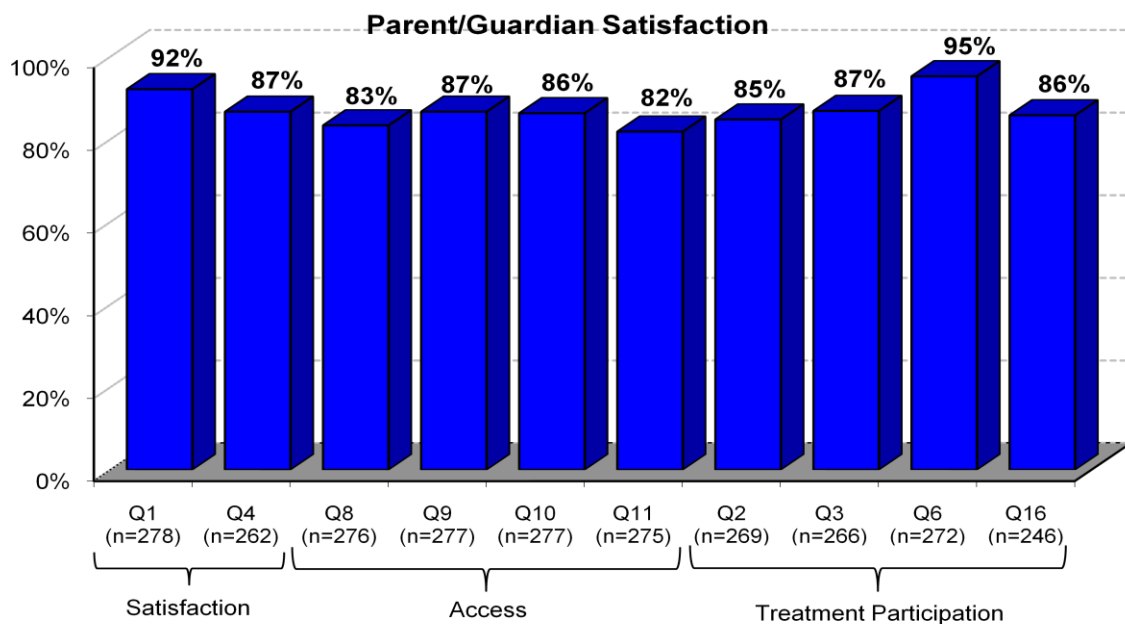
TREATMENT PARTICIPATION

Q2 – I helped to choose this child's services.

Q3 – I helped to choose this child's treatment goals.

Q6 – I participated in this child's treatment.

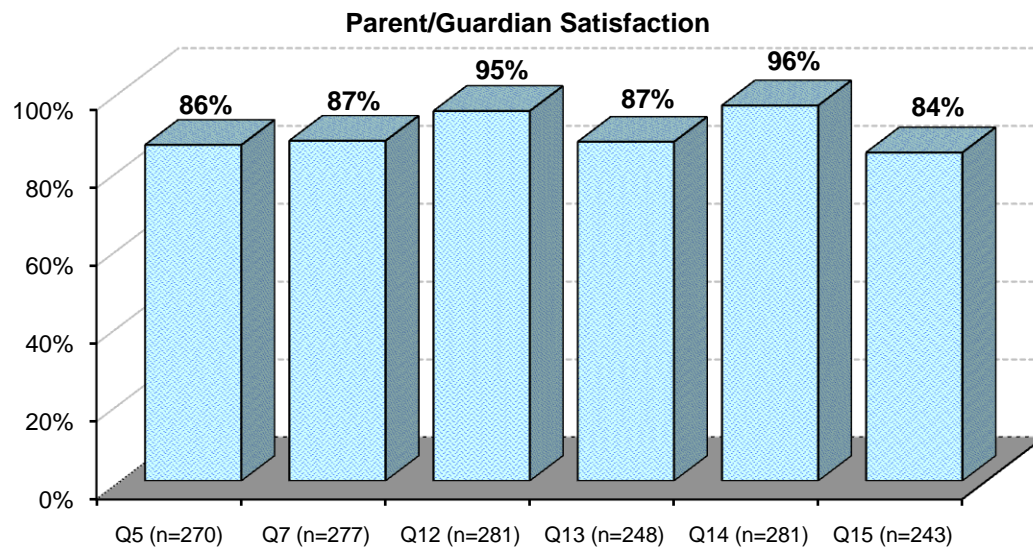
Q16 – Staff were helpful in assisting me to identify and find other treatment or support services for this child (e.g. medical, family, or employment services).



QUALITY AND APPROPRIATENESS

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Family survey. The number of responses to each statement is given in the column heading of that statement on the graph.

- Q5 – I felt this child had someone to talk to when troubled.
 Q7 – The services this child and/or family received were right for us.
 Q12 – Staff treated us with respect.
 Q13 – Staff respected by family's religious/spiritual beliefs.
 Q14 – Staff spoke with me in a way that I understood.
 Q15 – Staff were sensitive to my cultural background.



SOCIAL CONNECTEDNESS & IMPROVED FUNCTIONING

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Family survey. The number of responses to each statement is given in the column heading of that statement on the graph.

SOCIAL CONNECTEDNESS

Q17 – I know people who will listen and understand me when I need to talk.

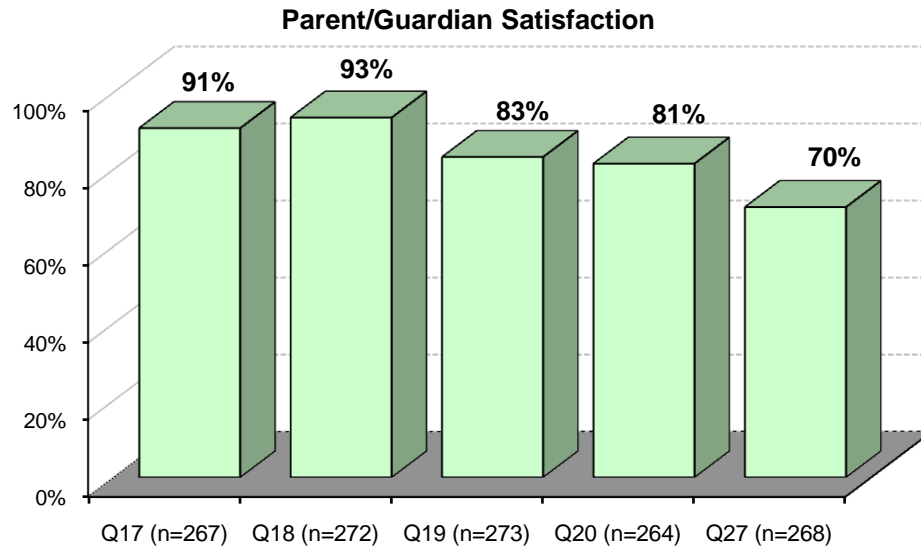
Q18 – I have people that I am comfortable talking with about this child's problems.

Q19 – In a crisis, I would have the support I need from family or friends.

Q20 – I have people with whom I can do enjoyable things.

IMPROVED FUNCTIONING

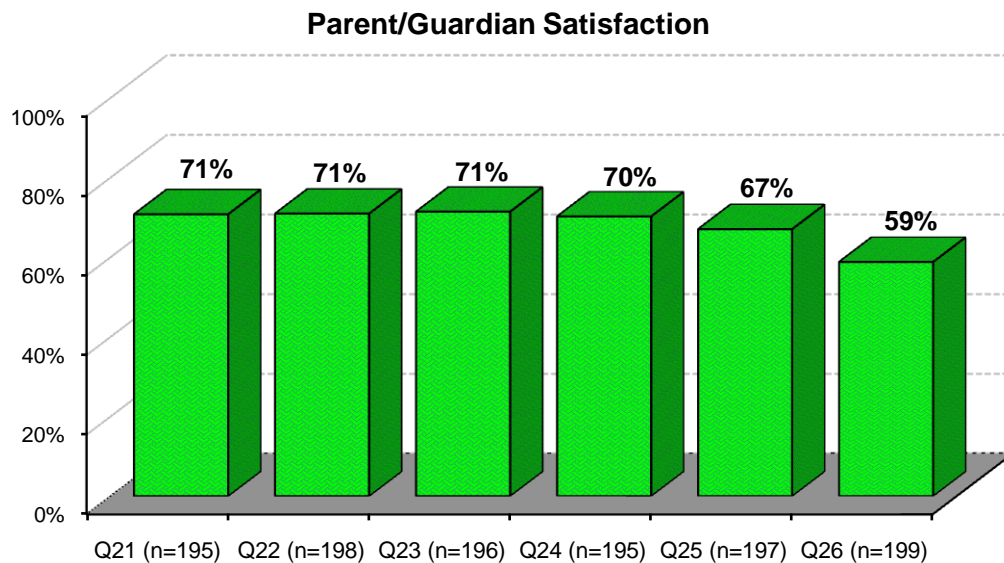
Q27 – This child is better able to do things he or she wants to do.



OUTCOMES

The following graphs indicate the percentage of consumers who agreed or strongly agreed with each statement. The statement numbers correspond with the number of the actual question on the Family survey. The number of responses to each statement is given in the column heading of that statement on the graph.

- Q21 – This child is better at handling daily life.
 Q22 – This child gets along better with family members.
 Q23 – This child gets along better with friends and other people.
 Q24 – This child is doing better in school and/or work.
 Q25 – This child is better able to cope when things go wrong.
 Q26 – I am satisfied with our family life right now.



APPENDIX

Survey Administration Protocol

Adult Survey

Parent/Guardian Survey

SATISFACTION SURVEY PROTOCOL (October 2007)

WHAT: SATISFACTION SURVEYS
 1. Adult – SMI, Other (Acute), and AOD
 2. Youth Survey for Parent/Guardian

WHEN: OCTOBER 1 through OCTOBER 31

RESPONSIBILITIES:

- **Support Staff** (Receptionists) will:
 - Distribute surveys/envelopes to appropriate consumers when they come into the Center
 - Maintain the collection box
 - Return the completed surveys to the Research Analyst at the address listed
- **Extended Care Coordinators/Case Managers** will:
 - Take surveys/envelopes to consumers seen off-site
 - Return the completed, sealed surveys to the collection box
- **All Staff** will encourage consumers to complete a survey

SAMPLE SIZE BY REGION:

- The “85% C.L. Sample” is the *minimum* number of surveys to be collected for each category. The “90% C.L. Sample” is the *goal* for each Center to collect.
- If a person refuses, please place the survey back into the folder to be completed by another consumer.
- If the consumer has completed a survey previously, do not have them complete another one.

Region	SMI Adult		Other Adult		AOD Adult		Parent/Guardian	
	85% C.L. Sample	90% C.L. Sample	85% C.L. Sample	90% C.L. Sample	85% C.L. Sample	90% C.L. Sample	85% C.L. Sample	90% C.L. Sample
1000	40	49	37	44			32	37
2000	44	55	46	58	34	40	42	51
3000	40	48	40	49	37	45	39	47
4000	49	62	29	34	41	50	44	54
5000	50	64	19	21	45	55	42	52
6000	46	57	44	55	34	41	39	47
7000	48	61	44	55	44	54	43	53
8000	42	51	39	47	30	35	37	44
Total	359	447	298	363	265	320	318	385

MULTIPLE CONSUMERS IN ONE FAMILY UNIT:

- If, in one family, there are multiple consumers, each may fill out an appropriate survey.
- If a parent/guardian has more than one child receiving services, the parent/guardian survey must pertain to just **one** child; however the parent/guardian may fill out a separate survey for **each** child receiving services.

ASSISTING CONSUMERS TO COMPLETE THE SURVEY:

- If a consumer needs assistance in completing a survey, it is okay for someone to assist that person, as long as it is not someone on staff at the Human Service Center.

PLEASE NOTE:

Adults receiving SMI, Acute, and AOD services; as well as parents or guardians of any youth under the age of 18 receiving services, will be surveyed this year. **Youth ages 12 to 17 will not be surveyed**, as they have been in the past.

The following protocol outlines the steps receptionist/staff should take when administering the surveys.

1. Protocol will differ based on whether the appointment is being held at the human service center or at an off-site location. ***It will be at the discretion of each Center to decide whether, and how, to include the Psychosocial Centers in the survey administration.***

HSC Appointments:

- a. The receptionist at the front desk should offer an appropriate survey to each consumer at check-in.
- b. The receptionist should:
 - Explain that the center is conducting a survey asking for thoughts on the services provided by the human service center. Ask if he/she has already completed a survey.
 - If the consumer has completed a survey, then thank her/him for participating. (Parent/guardians should complete one survey for each child in their care that is receiving services.)
 - If the consumer has **not** completed a survey, explain that the survey is anonymous, it will only take a few minutes to complete, and can be done while waiting for the appointment.
 - Give the consumer a survey and an envelope. Tell the consumer that when the survey is complete he/she should put it in the envelope, seal the envelope, and put it in the drop box.
 - If the consumer does not complete the survey before the appointment time, the caseworker/therapist/counselor should encourage completion of the survey prior to leaving the building.
 - If the consumer refuses to participate, place the blank survey back into the folder to be completed by another consumer.

Off-Site Appointments:

- a. When an appointment is made with a consumer receiving mental health services at an off-site location, caseworkers should bring with them an appropriate survey and envelope.
 - b. In the last 5-10 minutes of the meeting, the caseworker should present the consumer with the survey and envelope, and should complete the following:
 - Explain that the center is conducting a survey asking consumers for thoughts on the services received. Ask if he/she has already completed a survey.
 - If the consumer has completed a survey, then thank her/him for participating. (Parent/guardians should complete one survey for each child in their care that is receiving services.)
 - If the consumer has **not** completed a survey, explain that the survey is anonymous, and it will only take a few minutes to complete.
 - If the consumer agrees to participate, the caseworker should hand him/her the survey and the envelope. Explain that he/she can have a few minutes to complete the survey alone, and that when the survey is complete, it should be put in the envelope, the envelope sealed, and returned to the caseworker.
 - The caseworker should make every attempt to leave the room when the consumer completes the survey so the survey can remain confidential.
 - The caseworker will take the completed survey back to the office and put it in the drop box.
 - If the consumer refuses to participate, the caseworker should reserve the survey to be completed by another consumer.
2. When all the surveys have been depleted, or at the end the designated time period, the receptionist or designated staff person will notify staff that the survey period has ended for the year.
 3. The receptionist or designated staff person will return all surveys to the Research Analyst.

For further information, questions, or comments please contact:

Elizabeth Cunningham, Research Analyst
Department of Human Services
Division of Mental Health and Substance Abuse Services
1237 W Divide Ave, Suite 1C
Bismarck, ND 58501-1208
701.328.8705
socune@nd.gov

ADULT SATISFACTION SURVEY-OCTOBER 2007

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

MENTAL HEALTH

SFN 54463 (9-2007)



Please help our agency make services better by answering some questions about the services you have received **OVER THE LAST YEAR**. Your answers are confidential and will not influence the services you receive. For each of the statements below, please indicate if you **Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree**, or whether the statement **Does Not Apply** to you. **Please use a black or blue pen to fill in the circles completely.** Thank you.

Shade Ovals Like This -- ● Not Like This --

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Does Not Apply
1. Overall, I am satisfied with the services I have received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services is convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff and services were available at times that were good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff here believe I can grow, change, and recover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I felt comfortable asking questions about my treatment and medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt free to complain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was given information about my rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff encouraged me to take responsibility for how I live my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Staff told me what side effects to watch out for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff respected my wishes about who is, and who is not, to be given information about my treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I, not staff, decided my treatment goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff were sensitive to my cultural background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff helped me obtain the information I needed so that I could take charge of managing my illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Staff were helpful in assisting me to identify and find other treatment or support services I needed (e.g. medical, family, or employment services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As A Result of Services Received:						
18. I am happy with the friendships I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have people with whom I can do enjoyable things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel I belong in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. In a crisis, I would have the support I need from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I deal more effectively with daily problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to control my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am better able to deal with crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am getting along better with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I do better in school and/or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My housing situation has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My symptoms are not bothering me as much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I do things that are more meaningful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to take care of my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to handle things when they go wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am better able to do things that I want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



34. In the past 30 days, how many times have you been arrested?

35. During the last **12 months**, have you been arrested and spent **at least one day** in jail? ☐ Yes ☐ No

36. What is your age?

37. Are you

☐ MALE ☐ FEMALE

38. What is your race?

☐ WHITE ☐ AMERICAN INDIAN ☐ AFRICAN AMERICAN ☐ ASIAN ☐ OTHER _____

39. Are you of Hispanic origin? ☐ YES ☐ NO

40. In the past 30 days, where have you been living most of the time?

☐ OWN OR RENT ☐ WITH FRIENDS OR RELATIVES ☐ OTHER _____

41. Are you currently enrolled in school or a job training program?

☐ NOT ENROLLED ☐ ENROLLED, FULL TIME ☐ ENROLLED, PART TIME

42. What is the highest level of education you have finished, whether or not you received a degree?

☐ LESS THAN 12TH GRADE ☐ HIGH SCHOOL DIPLOMA/GED

☐ EDUCATION BEYOND 12TH GRADE (list highest level achieved) _____

43. Are you currently employed? ☐ YES-FULL TIME ☐ YES-PART TIME ☐ NO

44. If no, are you:

☐ LOOKING FOR WORK ☐ DISABLED ☐ RETIRED ☐ OTHER _____

45. Are you receiving (check ALL that apply)

☐ MENTAL HEALTH SERVICES ☐ ALCOHOL AND DRUG SERVICES ☐ DEVELOPMENTAL DISABILITIES SERVICES

46. Are you required by a court or another agency to receive services at the HSC? ☐ YES ☐ NO

47. How long have you been receiving services from the human service center?

☐ LESS THAN 1 MONTH ☐ 1-6 MONTHS ☐ 7-12 MONTHS ☐ MORE THAN ONE YEAR

If more than one year, how long? _____

48. What distance do you have to travel to get to the human service center?

☐ FEWER THAN 5 MILES ☐ 6-20 MILES ☐ 21-50 MILES ☐ 51-100 MILES ☐ OVER 100 MILES

49. How do you usually get to your appointments?

☐ OWN CAR ☐ BORROW A CAR ☐ WALK

☐ TAXI OR BUS ☐ FRIEND/FAMILY DRIVES ☐ OTHER _____

50. Why do you miss appointments?

☐ HAVEN'T MISSED ANY ☐ FORGOT THE DAY AND TIME ☐ NO TRANSPORTATION

☐ CAR TROUBLE ☐ CHILD CARE PROBLEMS ☐ OTHER _____

☐ NO MONEY FOR GAS ☐ A FAMILY EMERGENCY

51. Are you satisfied with the time you had to wait between your initial call to the center and the time of your first appointment?

☐ VERY SATISFIED ☐ SATISFIED ☐ UNSATISFIED ☐ VERY UNSATISFIED

Please add any additional comments regarding satisfaction or dissatisfaction with services.

YOUTH SERVICES SURVEY FOR FAMILIES

OCTOBER 2007

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

MENTAL HEALTH

SFN 54331 (9-2007)



Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST YEAR**. Your answers are confidential and will not influence the services you or your child receive. For each of the statements below, please indicate if you **Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree**, or whether the statement **Does Not Apply** to you or your child. **Please use a black or blue pen to fill in the circles completely.** Thank you.

Shade Ovals Like This -- ● Not Like This --  

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Does Not Apply
1. Overall, I am satisfied with the services this child received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I helped to choose this child's services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I helped to choose this child's treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people helping this child stuck with us no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt this child had someone to talk to when troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I participated in this child's treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The services this child and/or family received were right for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The location of services was convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff and services were available at times that were convenient for us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family got the help we wanted for this child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family got as much help as we needed for this child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff treated us with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff respected my family's religious/spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff were helpful in assisting me to identify and find other treatment or support services for this child (e.g. medical, family, or employment services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As A Result of Services Received:						
17. I know people who will listen and understand me when I need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have people that I am comfortable talking with about this child's problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. In a crisis, I would have the support I need from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have people with whom I can do enjoyable things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. This child is better at handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. This child gets along better with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. This child gets along better with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. This child is doing better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. This child is better able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am satisfied with our family life right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. This child is better able to do things he or she wants to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue with questions on back.

Draft



28. Child's Age

--	--

29. Child's Sex

☐ MALE ☐ FEMALE

30. Child's Race

☐ WHITE ☐ AMERICAN INDIAN ☐ AFRICAN AMERICAN ☐ ASIAN ☐ OTHER _____

31. Is this child of Hispanic origin?

☐ YES ☐ NO

32. My relationship to this child

☐ PARENT ☐ GRANDPARENT ☐ FOSTER PARENT
☐ STEPPARENT ☐ COURT-APPOINTED GUARDIAN/CUSTODIAN ☐ OTHER _____

33. In the past 30 days, where has this child been living most of the time?

☐ BIOLOGICAL FAMILY ☐ OTHER FAMILY/RELATIVES ☐ OTHER _____

34. Is this child receiving (check ALL that apply)

☐ MENTAL HEALTH SERVICES ☐ ALCOHOL AND DRUG SERVICES ☐ DEVELOPMENTAL DISABILITIES SERVICES

35. How long has this child been receiving services from the human service center?

☐ LESS THAN 1 MONTH ☐ 1-6 MONTHS ☐ 7-12 MONTHS ☐ MORE THAN ONE YEAR

If more than one year, how long? _____

36. What distance do you have to travel to get to the human service center?

☐ FEWER THAN 5 MILES ☐ 6-20 MILES ☐ 21-50 MILES ☐ 51-100 MILES ☐ OVER 100 MILES

37. How do you usually get the child to his/her appointments?

☐ OWN CAR ☐ BORROW A CAR ☐ WALK
☐ TAXI OR BUS ☐ FRIEND/FAMILY DRIVES ☐ OTHER _____

38. What is the primary reason for missed appointments?

☐ HAVEN'T MISSED ANY ☐ FORGOT THE DAY AND TIME ☐ NO TRANSPORTATION
☐ CAR TROUBLE ☐ CHILD CARE PROBLEMS ☐ OTHER _____
☐ NO MONEY FOR GAS ☐ A FAMILY EMERGENCY

39. Are you satisfied with the time you had to wait between your initial call to the center and the time of the first appointment?

☐ VERY SATISFIED ☐ SATISFIED ☐ UNSATISFIED ☐ VERY UNSATISFIED

Please add any additional comments regarding satisfaction or dissatisfaction with services.

Thank you for your time in completing the questions.

